



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____

COMMERCIAL

THIS IS A PERMIT APPLICATION ONLY. WORK IS NOT AUTHORIZED UNTIL FEES HAVE BEEN PAID AND A BUILDING PERMIT HAS BEEN ISSUED.

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------|-------------------------------|
| ADDRESS | | CONSTRUCTION VALUATION \$ | | SQUARE FOOTAGE | | DATE | |
| DESCRIPTION | | | | | | | |
| OWNER | | APPLICANT/ CONTACT | | | CONTRACTOR | | |
| ADDRESS | | ADDRESS | | | ADDRESS | | |
| CITY/ STATE/ ZIP | | CITY/ STATE/ ZIP | | | CITY/ STATE/ ZIP | | |
| PHONE | CELL PHONE | PHONE | CELL PHONE | PHONE | CELL PHONE | PHONE | CELL PHONE |
| E-MAIL | | E-MAIL | | LICENSE | | LICENSE | |
| PRE-SUBMITTAL ZONING REVIEW: PRELIMINARY REVIEW ONLY – NOT AN APPROVAL | | ZONE | | OK FOR PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO | | OK OTC <input type="checkbox"/> | |
| BY: | | DATE: | | | | | |
| COMMENTS | | | | | | | |
| <input checked="" type="checkbox"/> | FLOOR/SUITE | <input checked="" type="checkbox"/> | GRADING/SHORING | <input checked="" type="checkbox"/> | STRUCTURE TYPE | <input checked="" type="checkbox"/> | ROOFING |
| | FLOOR: | | GRADING | | ACCESSORY STRUCTURE | | AREA: SF |
| | SUITE/ UNIT #: | | TOTAL CUT & FILL | | ASSISTED LIVING | | |
| <input checked="" type="checkbox"/> | PROJECT TYPE | | CY | | AUTOMOTIVE | | TEAR OFF WITH NEW SHEATHING |
| | NEW | | SHORING | | DAY CARE | | SHEATHING/ CLASS 'A' COMP |
| | FOUNDATION ONLY | | BOND: | | EDUCATIONAL | | SHEATHING/ CLASS 'A' BUILT-UP |
| | CORE & SHELL | | LIABILITY INSURANCE | | HEALTH CLUB/ EXERCISE | | OTHER: |
| | ADDITION & REMODEL | | POLICY #: | | HOTEL/ MOTEL | | |
| | ADDITION ONLY | | EXP. DATE: | | INDUSTRIAL/MANUFACTURING | | TEAR OFF: NEW ROOF COVER ONLY |
| | REMODEL ONLY | | OSHA PERMIT #: | | MEDICAL | | NEW CLASS 'A' COMP |
| | SITE IMPROVEMENTS | <input checked="" type="checkbox"/> | OTHER PERMITS | | OFFICE | | NEW CLASS 'A' BUILT-UP |
| | SEISMIC RETROFIT | | WINDOW REPLACEMENT | | PARKING LOT | | OTHER: |
| | FIRE DAMAGE REPAIR | | # OF WINDOWS: | | RELIGIOUS INSTITUTION | | |
| | TENANT IMPROVEMENT | | SANDBLAST | | RESTAURANT | | OVERLAY ROOFING |
| | DEMOLITION | | # OF STRUCTURES: | | RETAIL | | COMP SHINGLES ONLY |
| | | | | | STUDIO- PRODUCTION | | 1-LAYER EXISTING |
| | | | | | STUDIO- SOUND | | |
| | | | | | THEATER | | BUILT-UP ONLY |
| | | | | | WAREHOUSE | | 1-LAYER EXISTING |
| FIRE DEPT. | | BWP/ WATER | | BWP/ ELECT | | PUBLIC WORKS DEPT. | |
| PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO | | FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO | | FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO | | SEWER AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PLAN CHECK FEE: _____ | | FEE PAID: _____ | | FEE PAID: _____ | | NO CONNECTION CHARGE: _____ | |
| DATE: _____ BY: _____ | | DATE: _____ BY: _____ | | DATE: _____ BY: _____ | | DATE PAID: _____ BY: _____ | |
| PARKS/REC. | | PUBLIC WORKS/SEWER | | ADDRESS APPROVED: | | STREET IMPROVEMENT INSPECTION | |
| APPROVED BY: _____ | | INTERCEPTOR REQUIRED: _____ | | BACKFLOW PREVENTION: _____ | | PERMIT NO. _____ | |
| DATE: _____ | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | CURB CUT WIDTH _____ | |
| | | DATE: _____ BY: _____ | | DATE: _____ BY: _____ | | RECURB (E) CURB CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | PEDESTRIAN PROTECTION REQ'D: _____ | | BY: _____ | |
| | | | | <input type="checkbox"/> FENCE <input type="checkbox"/> CANOPY <input type="checkbox"/> NONE | | SITE PLAN CHECKED FOR EASEMENTS | |
| | | | | BY: _____ | | BY: _____ | |
| | | | | SETBACK FOR STREET WIDENING: _____ | | PUBLIC WORKS DEPT. REQ'D NOTED: | |
| | | | | BY: _____ | | CHECK SHEET: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | | | BY: _____ | |
| PLANNING DIVISION (PLANNING APPROVAL GIVEN ONLY AFTER ALL OF THE ABOVE APPROVALS ARE OBTAINED) | | | | | | | |
| ZONE | | PROJECT NO. | | ENTITLEMENT DATE | | BY: _____ | |
| APPROVED BY: _____ | | DATE: _____ | | FEE: _____ | | COMMENTS | |
| I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF: I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE, ALL PERMITS SHALL BE DEEMED REVOKED. | | | | | | | |
| SIGNED: _____ | | SIGNATURE OF APPLICANT: _____ | | SIGNATURE _____ | | | |
| DATE | | | | | | | |